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APPLICATION NO. FILING DATE			FIRST NAMED INVENT	NTOR ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/801,330 03/15/2004			Kazutaka Shiraishi				
FITLE OF INVENTION: GAME MACHINE WITH SELECTIVELY CONTROLLABLE MECHANICAL COVER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/09/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
SHAH, MILAP 3714			463-021000				
CFR 1.363). Change of corresponderss form PTO/SE "Fee Address" indi PTO/SB/47; Rev 03-0	ence address or indication ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach	inge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
Number is required. listed, no name will be printed. A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) R/F: 019611/0191							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Konami Gaming Incorporated Las Vegas, Nevada							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛎 Corporation or other private group entity 🚨 Government							
a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
X rssue Fee X Publication Fee (N	o small entity discount p	nermitted)		A check is enclosed. A check is enclosed. A check is enclosed.			
Advance Order - #	f of Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-010 (enclose an extra copy of this form).				
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